



ISSUE FEE AND/OR PUBLICATION FEE TRANSMITTAL

CURRENT CORRESPONDENCE ADDRESS

30869 7590 7/14/2008
 LUMEN INTELLECTUAL PROPERTY SERVICES, INC.
 2345 YALE STREET, 2ND FLOOR
 PALO ALTO, CA 94306

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop ISSUE FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO (571) 273-2885, on the date shown below:

Abigail Capulong	(Depositor's name)
/ Abigail Capulong /	(Signature)
7/29/08	(Date)

Application No.	Filing Date	First Named Inventor	Docket No.	Confirmation No.
10/759799	1/15/2004	Hemant Kumar Jain	INT-102/US	8270

Title: METHOD AND APPARATUS FOR RATE BASED DENIAL OF SERVICE ATTACK DETECTION AND PREVENTION

Appl. Type	Small Entity	Issue Fee Due	Pub. Fee Due	Prev. Paid IF	Total Fee Due	Date Due
nonprovisional	YES	\$720	\$300	\$0	\$1020	10/14/2008
Examiner		Art Unit	Class-SubClass			
SHAIFER-HARRIMAN, DANT B		2134	713/151			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363):	2. For printing on the patent front page list firm name:
<input type="checkbox"/> Change of correspondence address attached. <input type="checkbox"/> "Fee address" indication attached.	LUMEN PATENT FIRM, INC.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT.

Unless an assignee is identified below, no assignee will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (City and State or Country)

1. IntruGuard Devices, Inc.

1. Sunnyvale, CA

08/01/2008 RMEBRAH1 00000052 10759799

 01 FC:250 720.00 DP
 02 FC:150 300.00 DP

Please check the appropriate assignee category/categories: Individual Corporation or Private Group Entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee
 Advance Order - # of Copies _____

4b. Payment of fee(s):

Check is enclosed
 Payment by credit card (form is attached)
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account No. _____ (enclose extra copy)

5. Change in entity status (from status indicated above)

a. Applicant claims SMALL ENTITY status b. Applicant is no longer claiming SMALL ENTITY status

SIGNATURE OF APPLICANT, REGISTERED ATTORNEY, OR REGISTERED AGENT

SIGNATURE	/ Thomas J. McFarlane / Reg. No. 39,299	DATE	7/29/08
PRINTED NAME	Thomas J. McFarlane	REG. NO.	39,299

This collection of information is required by 37 CFR 1.1311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14.
 SEND TO: Mail Stop ISSUE FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**TRANSMITTAL
FORM***(to be used for all correspondence after initial filing)*

		Application Number	10/759799
		Filing Date	1/15/2004
		First Named Inventor	Hemant Kumar Jain
		Art Unit	2134
		Examiner Name	SHAIFER-HARRIMAN, DANT B
Total Number of Pages in This Submission		Attorney Docket Number	INT-102/US

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawings	<input type="checkbox"/> After Allowance Comm. to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related papers	<input type="checkbox"/> Appeal Comm. to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Comm. to TC <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Corresp. Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other <i>(Specified below)</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Doc(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Other: Issue Fee	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

FIRM NAME	LUMEN PATENT FIRM, Inc.		
SIGNATURE	/ Thomas J. McFarlane / Reg. No. 39,299		
PRINTED NAME	Thomas J. McFarlane		
DATE	7/29/08	REGISTRATION NUMBER	39,299

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

SIGNATURE	/ Abigail Capulong /
PRINTED NAME	Abigail Capulong
DATE	7/29/08

This collection of information is required by 37 CFR 1.51. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.